

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	smc	49	9/19/00
O.I.P.E. CLASSIFIER			9/26/00
FORMALITY REVIEW		70014	11/3/00
RESPONSE FORMALITY REVIEW	DB		

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	8	06/27/00
2	✓	9	06/27/00
3	✓	10	06/27/00
4	✓	11	06/27/00
5	✓	12	06/27/00
6	✓	13	06/27/00
7	✓	14	06/27/00
8	✓	15	06/27/00
9	✓	16	06/27/00
10	✓	17	06/27/00
11	✓	18	06/27/00
12	✓	19	06/27/00
13	✓	20	06/27/00
14	✓	21	06/27/00
15	✓	22	06/27/00
16	✓	23	06/27/00
17	✓	24	06/27/00
18	✓	25	06/27/00
19	✓	26	06/27/00
20	✓	27	06/27/00
21	✓	28	06/27/00
22	✓	29	06/27/00
23	✓	30	06/27/00
24	✓	31	06/27/00
25	✓	32	06/27/00
26	✓	33	06/27/00
27	✓	34	06/27/00
28	✓	35	06/27/00
29	✓	36	06/27/00
30	✓	37	06/27/00
31	✓	38	06/27/00
32	✓	39	06/27/00
33	✓	40	06/27/00
34	✓	41	06/27/00
35	✓	42	06/27/00
36	✓	43	06/27/00
37	✓	44	06/27/00
38	✓	45	06/27/00
39	✓	46	06/27/00
40	✓	47	06/27/00
41	✓	48	06/27/00
42	✓	49	06/27/00
43	✓	50	06/27/00

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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